

1939 MAR 9

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5608  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Lataw Primary Registration District No. 1007 Registered No. 807  
 (c) City Jackson City (d) Street No. 1210 Linwood St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1310 Linwood St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Swartz  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1888  
 7. AGE YEARS 80 MONTHS 11 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. at home  
 9. Industry or business in which work was done, as saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) at home  
 11. Total time (years) spent in this occupation at home

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dillebaro Ohio

FATHER 13. NAME Samuel Sanders  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER 15. MAIDEN NAME Mary Jane Fletcher  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Mae Hoyt Lucerne Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dr. M. M. Comersa Sorensen  
Brush Creek + Cases.

20. FILED 7-23 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Gene 1939 to Feb 21 1939  
 I last saw her alive on Feb 20 1939. Death is said to have occurred on the date stated above, at 6:25 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
930  
 Other contributory causes of importance:  
degrade senility  
arteriosclerosis  
 Name of operation no Date of no  
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no, 19no  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) M. B. Caschelt M. D.  
 (Address) 1232 Walden Rd. K-9-4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*W. H. Newcomer Jr*

Licensed Embalmer No.....

*51043*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**